

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT4126392

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
ALEXANDER GYLES PANTHER	01/05/2016
CHAD TYLER HARRIS	01/05/2016
PHILIP J. BEATTY	01/05/2016
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	SYNAPTIVE MEDICAL (BARBADOS) INC.
<b>Street Address:</b>	CHANCERY HOUSE, HIGH STREET
<b>City:</b>	BRIDGETOWN
<b>State/Country:</b>	BARBADOS
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14903636
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(416)920-1350
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
<b>Phone:</b>	416-920-8170
<b>Email:</b>	docketing@pckip.com
<b>Correspondent Name:</b>	PERRY + CURRIER INC.
<b>Address Line 1:</b>	1300 YONGE STREET
<b>Address Line 2:</b>	SUITE 500
<b>Address Line 4:</b>	TORONTO, CANADA M4T1X3
<b>ATTORNEY DOCKET NUMBER:</b>	P4581US00
<b>NAME OF SUBMITTER:</b>	KIM SHOYAMA
<b>SIGNATURE:</b>	/kimshoyama/
<b>DATE SIGNED:</b>	11/03/2016
<b>Total Attachments: 5</b>	
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## WORLDWIDE ASSIGNMENT

WE, **Alexander Gyles PANTHER** (full postal address: 20A Amelia Street, Toronto, Ontario, M4X 1E1 CANADA), **Philip J. BEATTY** (full postal address: 1 Whittington Court, Thornhill, Ontario, L3T 7C5 CANADA), and **Chad Tyler HARRIS** (full postal address: 2001-80 John Street, Toronto, Ontario, M5V 3X4 CANADA) have invented, **SYSTEM AND METHOD FOR IMAGE WARP CORRECTION FOR MAGNETIC RESONANCE IMAGING**, for which the international application was filed:

Filing Date: Apr 27, 2015

Serial No. IB2015053059

and in consideration of Two Dollars (\$2.00) to each of us, paid in hand, the receipt and sufficiency of which is hereby acknowledged, and other good and valuable consideration, WE by these presents confirm that WE have sold, transferred and assigned and do hereby sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.**, ("Assignee"), having offices at, Chancery House, High Street, Bridgetown, Barbados, its successors and assigns or nominees, all OUR rights, title and interest in all the countries of the world in and to OUR invention as fully described in the patent application, and WE sell, transfer and assign to **SYNAPTIVE MEDICAL (BARBADOS) INC.** all OUR rights to apply for patent on said invention and all OUR priority rights that derive from any such applications in all the countries of the world including any and all full utility applications, divisions, continuations, continuation-in-part, re-examinations, renewals, reissues and/or extensions thereof, any design applications originating therefrom, patent applications and all national phase applications and all OUR corresponding rights, title and interest in and to any patent which may issue therefor in all the countries of the world, to have and to hold for **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s own use and **SYNAPTIVE MEDICAL (BARBADOS) INC.**'s successors and assigns as fully and entirely as the same might be held by us if this sale had not been made, and we each make this assignment independently of each other.

AND WE HEREBY authorize Assignee, its successors, assigns, or nominees, to invoke and claim for any applications for patent or other form or protection filed, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without need for further written or oral authorization;

AND WE IRREVOCABLY CONSENT and agree that any and all applications for patent or other form of protection may be applied for in OUR names, the personal names of the inventors, without further consideration;

AND WE UNDERTAKE to sign such further documents to effect the aforesaid sale, assignment and transfer as may be required from time to time, without further consideration, but at the expense of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

This assignment can be signed in counterparts.

SIGNED at Toronto, Ontario, CANADA, this 05 day of January, 2016.

  
\_\_\_\_\_  
**Alexander Gyles PANTHER**

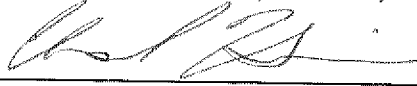
#### DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Alexander Gyles PANTHER** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 05 day of January, 2016.

  
\_\_\_\_\_  
**Maia Jones**


SIGNED at Toronto, Ontario, CANADA, this 05 day of January, 2016.

  
\_\_\_\_\_  
**Chad Tyler HARRIS**

**DECLARATION OF WITNESS**

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Chad Tyler HARRIS** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 05 day of January, 2016.

  
\_\_\_\_\_  
**Maia Jones**

SIGNED at Toronto, Ontario, CANADA, this 5 day of January, 201<sup>6</sup><sub>5</sub> <sup>PB</sup>

Philip J. Beatty  
Philip J. BEATTY

#### DECLARATION OF WITNESS

I, **Maia Jones**, full post office address being 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Philip J. BEATTY** who is personally known to me to be the person named in the above assignment duly sign and execute the same.

DECLARED at Toronto, Ontario, CANADA, this 5 day of January, 201<sup>6</sup><sub>5</sub> <sup>MS</sup>

Maia Jones  
Maia Jones

## ACCEPTANCE

The Assignee accepts this assignment.

Signed at Toronto, Ontario, CANADA, this 05 day of January, 2016.

### SYNAPTIVE MEDICAL (BARBADOS) INC.

Signature:  \_\_\_\_\_

Name: Cameron Anthony Piron

Title: Director and President, Synaptive Medical (Barbados) Inc.

## DECLARATION OF WITNESS

I, Maia Jones, whose full post office address is 2-2226 Upper Middle Road, Burlington, Ontario L7P 2Z9 CANADA, hereby declare that I was personally present and did see **Cameron Anthony PIRON** who is personally known to me to be the person named above duly sign and execute the above on behalf of **SYNAPTIVE MEDICAL (BARBADOS) INC.**

DECLARED at Toronto, Ontario, CANADA, this 05 day of January, 2016.

  
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**Maia Jones**